District	School Year:		National Certification	te of Eligibility									
I. FAMILY DATA Male Parent/Guardian:	First Name		Female Parent/Guardian:	le Parent/Guardian: Last Name			e First Name						
Current Address:				City		State	Zip		Telephone				
II. CHILD DATA													
Last Name 1	Last Nar	ne 2 Suff.	First Name	Middle Name	Sex	Birth D	ate MB	CD	Res Date	Grade	Bldg	Elg	
SSID:													
COMP													
SSID:													
SSID:													
SSID:													
SSID:													
III. QUALIFYING MOVE &	WORK			IV. COMMENTS (M	lust include	2hi 4c 5 6a	and 6h of the O	ualifying	Move & Work	Section if	annlicah	de)	
b. The worker,First guardian.	plete both a. and b.): R with the worker, OR to Name and Last Name of Worker or precede" is checked in 2a.) The	, is the child or the		Signature	Title I, Part	C, Migrant Ederviewer is true	ducation Program	m. To the	e best of my kno			m	
•			. The emid(re										
moved onMM/DD/YY (provide comment) 3. The Qualifying Arrival Date wasMM/DD/YY 4. The worker moved due to economic necessity in order to obtain: a. □ qualifying work, and obtained qualifying work, OR b. □ any work, and obtained qualifying work soon after the move, OR c. □ qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work:				I certify that based or satisfied that these ch and thus eligible as su true, reliable, and val	VI. ELIGIBILITY DATA CERTIFICATION I certify that based on the information provided to me, which in all relevant aspects is reflected above, I am satisfied that these children are migratory children as defined in 20 U.S.C. 6399(2) and implementing regulations, and thus eligible as such for MEP services. I hereby certify that, to the best of my knowledge, the information is true, reliable, and valid and I understand that any false statement provided herein that I have made is subject to fine or imprisonment pursuant to 18 U.S.C. 1001.								
i. ☐ The worker has a pii.☐ There is other cred	rior history of moves to obtain qua ible evidence that the worker active comment).	lifying work (provide comme	ent), OR	Signature of Interview			Date	e					
and b.):	describe agricultural or	fishing work	_, was (make a selection in bo				Da						
a. □ seasonal OR □ tem b. □ agricultural OR □ f				Signature of Designat	ted SEA Re	viewer	Da	ate					
 6. (Complete if "temporary" i a. □ worker's statement (p b. □ employer's statement c. □ State documentation for 	(provide comment), OR	etermined to be temporary en	nployment based on:	*If applicable, ch		wide commo	nt)						
				i personal subsi	isience (pro	ovide comme	III.)						